

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8811**
Registrar's No. **2294**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Addie Kimmons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Levi Kimmons 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 10, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Artesia, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elias Hardy

13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Jones

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. H. Kimmons

(b) Address 2660 Lucas Avenue

17. (a) Burial (b) Date thereof 3/8/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) MAR 8 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2660 Lucas Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year '40 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 12-1-1939 to 3-4-1940, 1940
that I last saw her alive on 3-4-1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus with gangrene
Due to Diabetes Mellitus
Due to Diabetes Mellitus

Other conditions no
(Include pregnancy within 3 months of death)
Major findings: no
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address 809 E. Jefferson Date signed 3/8/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed Joel Russell
Licensed Embalmer No. 4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.